

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10593315

FILING DATE

9-18-06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4		2		1		
5		1		1		
6		1		1		
7		2		1		
8		1		1		
9		1		1		
10		2		1		
11	1			1		
12		1		1		
13	1			1		
14	1			1		
15		1		1		
16	1			1		
17		2		1		
18		2		1		
19		2		1		
20		2		1		
21		2		1		
22		0		1		
23	1		1			
24		1		1		
25		1		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
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50						
TOTAL IND.	8	↓	4	↓		↓
TOTAL DEP.	29	←	25	←		←
TOTAL CLAIMS	37		39			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						